

**STATE OF MAINE**  
**COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES**

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**MUNICIPAL, DISTRICT & COUNTY PARTY COMMITTEE REPORT - 2006**

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**COMMITTEE IDENTIFICATION** (Include full name of committee.)

Name \_\_\_\_\_

Street address \_\_\_\_\_

(official headquarters of committee)

City, zip code \_\_\_\_\_ Telephone \_\_\_\_\_

Check if address  
is different than  
previously reported

☐

**TREASURER IDENTIFICATION**

Name of treasurer \_\_\_\_\_

Street address \_\_\_\_\_

City, zip code \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Check if address  
is different than  
previously reported

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**MUNICIPAL/COUNTY/DISTRICT COMMITTEE FILING PERIODS (Check applicable period below):**

| <b>Due Date</b>        | <b>Reporting Period</b>              |
|------------------------|--------------------------------------|
| _____ January 17, 2006 | July 1, 2005 – December 31, 2005     |
| _____ July 15, 2006    | January 1, 2006 – June 30, 2006      |
| _____ October 27, 2006 | July 1, 2006 – October 22, 2006      |
| _____ January 16, 2007 | October 23, 2006 – December 31, 2006 |

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**I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT AND COMPLETE.**

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
Date

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| <p><b>REPORTING EXEMPTION:</b> Any party committee receiving and expending less than \$1,500 in one calendar year is exempt from the reporting requirements for that year.</p> |
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## SCHEDULE A

## CASH CONTRIBUTIONS RECEIVED

**List the names and mailing addresses of contributors who have given more than \$200 during this reporting period. For all aggregate contributions of \$200 or less, enter the combined total in line 3. Do not include loans or in-kind contributions here.**

| Date received   | Contributor's name, mailing address, zip code | Occupation & Employer | Amount |
|---|---|-----------------------|--------|
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|   |   |                       |        |
|   |   |                       |        |
| <div> <div>1. Total contributions this page only</div> <div>2. Total from attached pages (Schedule A)</div> <div>3. Aggregate contributions of \$200 or less not itemized</div> <div>4. Total contributions this reporting period<br/>(Add lines 1,2 &amp;3)</div> </div> |   |                       |        |
|   |   |                       |        |
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**CONTRIBUTIONS AND EXPENDITURES  
TO OR ON BEHALF OF CANDIDATES, COMMITTEES & PARTIES**

| Expenditure Types Requiring <u>NO</u> Remark |   | Expenditure Types <u>REQUIRING</u> Remark |                       |
|--|---|---|-----------------------|
| CON  | contribution                                | CNS                                       | campaign consultants  |
| EQP  | equipment                                   | OTH                                       | other                 |
| FND  | fundraising events                          | PRO                                       | professional services |
| FOD  | food for campaign events, volunteers        |   |                       |
| LIT  | campaign literature (printing and graphics) |   |                       |
| MHS  | mail house (all services purchased)         |   |                       |
| OFF  | office rent and utilities                   |   |                       |
| POL  | polling and survey research                 |   |                       |
| PHO  | phone banks, automated telephone calls      |   |                       |
| POS  | Postage for U.S. Mail                       |   |                       |
| PRT  | print media ads                             |   |                       |
| RAD  | radio ads, production costs                 |   |                       |
| TRV  | travel (fuel, mileage, lodging, etc.)       |   |                       |
| TVN  | TV or cable ads, production costs           |   |                       |
| WEB  | Internet and e-mail                         |   |                       |

| Date of payment   | Payee name                       | Candidate, Committee, or Party Supported |         | Office sought District # | Amount contributed to or spent on behalf of <u>each</u> candidate, committee, or party |
|---|----------------------------------|--|---------|--------------------------|--|
|   | Payee's complete mailing address | Code                                     | Remarks |                          |  |
|   |                                  |  |         |                          |  |
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|   |                                  |  |         |                          |  |
| <div>1. Total contributions to candidates this page only</div> <div>2. Total from attached Schedule B pages</div> <div>3. Total contributions this reporting period (Lines 1 + 2)</div> |                                  |  |         |                          |  |
|   |                                  |  |         |                          |  |
|   |                                  |  |         |                          |  |

**Do not include loan repayments on this schedule.**

| Date of payment  | Payee/organization name,<br>address, zip code | Code | Remarks, Purpose of Expenditure | Amount |
|--|---|------|---------------------------------|--------|
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|  |   |      |                                 |        |
| <b>1. Total operating expenses this page</b><br><br><b>2. Total from attached Schedule B-1 pages</b><br><br><b>3. Total operating expenses this reporting period<br/>(Add lines 1 &amp; 2)</b> |   |      |                                 |        |
|  |   |      |                                 |        |
|  |   |      |                                 |        |

\_\_\_\_\_  
Name of Party

## SCHEDULE C

### IN-KIND CONTRIBUTIONS/EXPENDITURES

#### In-Kind CONTRIBUTIONS

With respect to all items and services received and expended, enter the date received, a description of the item or service, and the fair market value. Enter contributor information if the fair market value of donated item or service is more than \$200.

| Date Received | Contributors name , address, zip code | Description of goods, services, discounts or facilities received/expended | Fair market value |
|---------------|---------------------------------------|---|-------------------|
|               |                                       |   |                   |
|               |                                       |   |                   |

#### In-Kind EXPENDITURES

If the items shown above were, in turn, contributed to candidates or committees, list to whom the items were donated and their description.

| Date of payment | Recipient's name, address, zip code | Description of goods, services, discounts or facilities contributed | Fair market value |
|-----------------|-------------------------------------|---|-------------------|
|                 |                                     |   |                   |
|                 |                                     |   |                   |

## SCHEDULE D

### LOANS/LOAN REPAYMENTS

List loans and loan repayments from all sources.

|                                    |                    | COLUMN 1                             | COLUMN 2                     | COLUMN 3                               |       | COLUMN 4                          |
|------------------------------------|--------------------|--------------------------------------|------------------------------|--|-------|-----------------------------------|
| Date of loan/<br>loan<br>repayment | Identity of lender | Loan balance from<br>previous period | Amount loaned<br>this period | Amount repaid/<br>forgiven this period |       | Unpaid loans<br>Columns 1 + 2 - 3 |
|                                    |                    |                                      |                              |  | R / F |                                   |
|                                    |                    |                                      |                              |  | R / F |                                   |
|                                    |                    |                                      |                              |  | R / F |                                   |

## SCHEDULE E

### TOTAL UNPAID OBLIGATIONS (OTHER THAN LOANS)

List all goods or services that have not been invoiced and all existing unpaid bills.

| Date obligation Incurred | Creditor's name, address, zip code | Purpose | Amount |
|--------------------------|------------------------------------|---------|--------|
|                          |                                    |         |        |
|                          |                                    |         |        |

SCHEDULE F

SUMMARY SECTION

RECEIPTS

THIS PERIOD ONLY

1. Contributions Received (Schedule A, Line 4)
2. Other Receipts (interest income, etc.)
3. Loans Received (Schedule D)
4. TOTAL RECEIPTS THIS PERIOD (Lines 1 + 2 + 3)

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EXPENDITURES

THIS PERIOD ONLY

5. Contributions to or on behalf of others (Schedule B, Line 3)
6. Operating Expenses (Schedule B-1, Line 3)
7. Loan Repayments Made (Schedule D)
8. TOTAL EXPENDITURES THIS PERIOD (Lines 5 + 6 + 7)

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IN-KIND SUMMARY

Fair Market Value Totals

- Total In-Kind Contributions this period (Schedule C)
- Total In-Kind Expenditures this period (Schedule C)

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